

THEODORE ROOSEVELT PUBLIC SPEAKING CONTEST

ENTRY FORM

Name and Address of High School _____

School Telephone Number

Name of Contestant

Contestant's Address

Contestant's Phone Number

Contestant's E-Mail (if applicable) _____

Contestant's Grade (Circle) **9** **10** **11** **12**

Teacher/Coach Name

Title

Teacher/Coach Telephone

Teacher/Coach E-Mail (if applicable) _____

Principal/ Headmaster

Supervising Chairperson

_____ **Dept.** _____

Please return this form to:

**Mark Lozo
Theodore Roosevelt Inaugural National Historic Site
641 Delaware Avenue
Buffalo, NY 14202**

**Home school students may contact the Theodore Roosevelt Inaugural Site
if they have questions regarding filling out this form.**